



**Jersey Care
Commission**

INSPECTION REPORT

Beaumont Villa Care Home

Care Home Service

**Rue de Craslin
St Peter
JE3 7HQ**

**Inspection Dates
19, 20 June 2025 and
4 July 2025**

**Date Published
2 September 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Beaumont Villa Care Home. The care home is operated by Aria Healthcare Group Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care
Category of care	Dementia care
Maximum number of care receivers	24
Maximum number in receipt of personal care	24
Age range of care receivers	60 years and above

Maximum number of care receivers that can be accommodated in each room	Rooms 1 – 24: one person
Discretionary Conditions of Registration	
1. The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 16 November 2026. 2. Admissions to the home will be phased and contingent upon staffing levels meeting the minimum requirements set by the Care Home Standards at all times.	
Additional information:	
Since the last inspection on 4 September 2024, the Regulation Officer met with the former Regional Director on 14 November 2024. Subsequently, Commission staff met with the Registered Manager and Provider representatives on 27 November 2024. Regulation Officers visited the home on 2 December 2024 in response to safeguarding concerns which suggested potential regulatory breaches and non-compliance with some of the Standards. The Commission was advised of the absence of the Registered Manager on 2 January 2025 and the interim management arrangements in place. On 7 January 2025, the Commission was informed of changes to the interim management arrangements. On 3 February 2025, the Commission was advised that the Registered Manager had returned to their position full-time. The Regulation Officer held a virtual meeting with the current Regional Director on 12 June 2025 to discuss staffing provision and governance procedures.	

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory and discretionary conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

The Regulation Officer discussed the discretionary conditions of registration with the Registered Manager. The Registered Manager confirmed that they had started the Level 5 Diploma and will complete this within the required timeframe. Although minimum staffing requirements are being met, the working hours of some of the care staff team continue to exceed the Standards. As a result, the discretionary condition regarding phased admissions will remain in effect. The Regulation Officer's findings on this matter will be detailed further in this report.

3. ABOUT THE INSPECTION

3.1 Inspection Details

The first two inspection visits were unannounced, took place at different times of the day, and were facilitated by the Community Care Manager. The final visit was pre-arranged with the Registered Manager, as they had been unavailable during the first two visits. Additionally, as part of the inspection process, the Regulation Officer assigned to the home visited on 23 June 2025 to meet with the Regional Director and the Community Care Manager.

Two regulation officers carried out the inspection. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers.' The Pharmacist Inspector also conducted an unannounced inspection on 2 July 2025.

Inspection information	Detail
Dates and times of this inspection	19 June 2025 2:15pm – 6.00pm 20 June 2025 9:15am – 2.00pm 4 July 2025 11:30am – 4:00pm
Number of areas for improvement from this inspection	Five
Number of care receivers accommodated throughout the inspection period	Fourteen
Date of previous inspection: Areas for improvement noted in 2024 Link to previous inspection report	4 September 2024 Three IRBeaumontVilla20240904Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 4 September 2024 as well as these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**
- **Is the environment dementia friendly**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

The improvement plan was discussed during this inspection, and it was positive to note that some improvements have been made to the external environment, and some bedrooms have been repainted. However, the overall environment still requires further improvement to better support individuals living with dementia. Additionally, the kitchen has not yet returned to being fully functional, so this remains an area for improvement.

Insufficient progress has been made in addressing the excessive working hours of the care staff team. A review of staffing rosters indicates that long hours over the week are still being worked, which means that the registered provider has consistently failed to meet the Standards regarding staff working hours. The report will discuss this in more detail.

The requirement for infection control training and practices has been met.

4.2 Observations and overall findings from this inspection

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The findings from this inspection indicate that progress is being made toward meeting the Standards. The Registered Manager has been in post for over eighteen months, and since the last inspection, key personnel have changed, including a new Community Care Manager and Regional Director who provide additional support.

Feedback from relatives and two health professionals described the overall quality of care as good. Observations made during the inspection visits found that care receivers were well groomed and appropriately dressed and appeared relaxed and comfortable in their surroundings. Communication between staff and care receivers was heard to be respectful and courteous.

Some areas require improvement, including two that remain unresolved from the previous inspection completed in September 2024. One relates to staff continuing to work excessive hours, again highlighting a breach of the Standards. This repeated breach must be a priority for action.

The other relates to the internal environment, which needs further enhancement to make it more supportive and appropriate for individuals with dementia. The kitchen must become fully operational so that all meals are freshly prepared and cooked in the home. This will not only meet the Standards but may also help towards enhancing sensory stimulation for care receivers.

Additionally, staff induction procedures must be strengthened and consistent with the provider's policy, and medicines must be managed in compliance with best practice guidelines.

The Regional Director maintains thorough oversight of the home, and is developing relationships with care receivers, families, and staff. The care planning records were regarded as one of the service's strengths and reflected an approach to person centred care. Many staff commented that the home was a favourable place to work, and they enjoyed their roles.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, staffing rosters, and incident notifications. Minutes and other records relating to safeguarding concerns raised in November 2024 and January 2025 were also reviewed.

Obtaining detailed feedback from care receivers was difficult, due to their varying stages of dementia. Therefore, regulation officers observed interactions and support provided by staff, four family members were consulted, and input from care staff was used to assess the quality of care provided. They also had discussions with the Registered Manager and Regional Director. Additionally, feedback was provided by two health professionals external to the service.

A poster was displayed in the home inviting visitors to provide feedback if they wished, and staff were provided with an anonymous survey to offer their views of the home. As part of the inspection process, records, including policies, care records, incidents, recruitment records, supervision records, and complaints, were examined.

After the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed the identified areas for improvement by email on 6 and 16 July 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection. Areas for improvement have been identified, and these are described in the report. An improvement plan is attached at the end of the report.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Environment	Walk through the communal areas and review of a sample of bedrooms Outcome of Kings Fund audit
Working hours of staff	Staff rosters Provider's staffing reports
Infection prevention practices	Staff training records Content of training programme
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Samples of care staff rosters for periods throughout January, February, March April, May, June 2025 Samples of domestic staff rosters Staff recruitment files Incident notifications Safeguarding outcomes Medication management records Fire safety logbook Water management records Food storage records
Is the service effective and responsive	Pre assessment records

	Discussion with Registered Manager and Regional Director Samples of care plans and risk assessments Samples of written contracts
Is the service caring	Feedback from relatives Feedback from visiting health professionals Observations of interactions between staff and care receivers Staff feedback
Is the service well-led	Staff supervision records Staff appraisal records Induction records Quality assurance activity Statement of Purpose
Is the environment dementia friendly	Outcome of King's Fund audit Walk round the home

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Samples of staff folders were requested for review to assess the home's recruitment practices. These consistently demonstrated that all safe recruitment checks were completed before care staff had any contact with care receivers. Safe recruitment practices were also applied to agency staff from England who are currently supporting the team. The Registered Manager is actively involved in the interview process, and interview notes are taken to support recruitment decisions. Staff folders also contained employment contracts and job descriptions.

Recruitment is ongoing, as the home has not yet achieved its full staffing levels for care staff. The home has experienced some mixed retention outcomes, and although some staff members recruited since the last inspection have continued in their roles, several others left the service within their probationary period. Some care team members are from an agency; however, the reliance on agency workers has decreased compared to previously.

Samples of care staff rosters for selected weeks between January and June 2025 were reviewed, and it was confirmed that the minimum staffing levels were consistently maintained. However, the working hours of some care staff were found to be excessive and beyond the limits set out in the Standards. The Standards require that staff should not work more than 48 hours per week regularly; the rosters indicated that several staff members were routinely working between 60 and 72 hours per week. This applies to both day and night staff, and the table below outlines the frequency and number of staff working beyond the required Standards, based on the rosters that were reviewed.

Week commencing	60 hours	72 hours
Jan 18, 2025	2 staff	
Jan 25, 2025	1 staff	2 staff
Feb 15, 2025	3 staff	3 staff
March 1, 2025	4 staff	2 staff
April 12, 2025	2 staff	1 staff
May 10, 2025	4 staff	
June 7, 2025	3 staff	1 staff
June 14, 2025	3 staff	

This breach of the Standards was identified during the two previous inspection visits; this means the home has failed to meet the Standards for three consecutive inspections. While overall progress is evident, this issue must now be addressed as a matter of urgency. As part of the inspection feedback, it was discussed with the Regional Director and Registered Manager, and the Commission will continue to monitor this area for improvement.

Given that the home does not have a full complement of care staff and considering the excessive hours they work, the discretionary condition regarding phased admissions into the home will remain in place.

Samples of domestic staff rosters were reviewed, which showed that the Standards relating to the provision of laundry and domestic staff are consistently met.

Samples of induction records were reviewed, which showed that the provider's induction programme had not been consistently followed for all staff. There were gaps in completing key knowledge areas and assessments related to the fundamental standards included in the Care Certificate. Additionally, activities outlined in the scheduled programme from day one through to week two were incomplete.

This reflected the findings of the Regulation Officer's visit on 2 December 2024, where inconsistencies in the completion of the induction programme were also identified from a review of staff records. The visit concluded that some care assistants had received inadequate induction, with essential components incomplete. This concern was formally communicated to the provider at the time.

Some staff described their induction experience as extremely positive and said they had felt supported throughout the process. However, others described a less consistent experience.

An area for improvement is ensuring that all staff receive a robust and comprehensive induction in accordance with the provider's internal organisational requirements and the Standards.

An unannounced medication inspection occurred within the inspection period and was carried out by the Commission's Pharmacist Inspector. The findings showed that some aspects of medication management require improvement, including:

- Ensuring that medications with a short shelf life once opened are clearly dated with a robust process in place to ensure they remain in date and suitable for use.
- Maintaining medication storage areas within the acceptable temperature of 15-25°C.
- Monitoring and recording fridge temperatures daily, with appropriate action taken if temperatures are outside recommended parameters.
- Reviewing transcribing practices and ensuring transcribing is only used in exceptional circumstances.

Collectively, these areas show that improvement in the home's medication practices is needed. Care staff who administer medication have completed the required level of training, and samples of staff competency checks reviewed by the Pharmacist Inspector were found to meet the required Standards.

Notifiable events are reported to the Commission as the Regulations and Standards require. Where care receivers have an authorised, significant restriction on their liberty (SRoL), these have also been appropriately reported. Improvements have been made in the escalation processes when care receivers require professional assessment. Previously, staff would contact the registered nurse from L'Hermitage to visit and make an assessment; this practice has now improved, and appropriate health professionals are contacted directly. The out-of-hours on-call managerial arrangements are displayed for staff reference.

Maintenance records are regularly reviewed and maintained, including water management, hoist servicing, and bedroom safety checks such as radiators, call bells, and window closures. The fire safety records are recorded in accordance with the Fire and Rescue Service requirements. Additional fire safety measures must be implemented by 2030, and the Registered Manager confirmed that the provider is aware of this obligation and that plans will be developed to ensure compliance. Since the last inspection, the fire safety panels have been replaced.

During the inspection visits, care receivers had unrestricted access to the enclosed outdoor areas. These spaces were secure and well maintained and allowed them to enjoy the fresh air.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The home is registered to provide personal care, and the Regulation Officer was satisfied that appropriate arrangements are in place to ensure care receivers can transfer to nursing care when their needs exceed what the home can safely provide. Two care staff members described the needs of one care receiver and confirmed that a transfer to nursing care was pending.

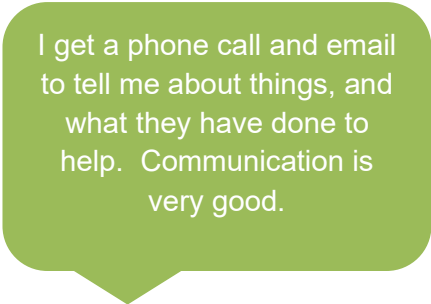
The Registered Manager meets with all prospective care receivers and, where appropriate, their families to carry out a pre-admission assessment. Sample assessments were reviewed and found to be detailed, covering relevant health history, social circumstances, and the impact of dementia on their day-to-day lives. These assessments provided a solid foundation for admission decisions and a comprehensive starting point for developing care plans.

The staff member in charge during the first unannounced inspection visit stated that they had been assigned to the home at short notice, having been redirected from L'Hermitage Care Home. They were unaware that one care receiver had recently experienced a fall resulting in bruising, and they were also unaware of specific safety measures implemented for another care receiver. This issue was subsequently raised with the Registered Manager, who provided assurance that the handover processes were effective and confirmed that the matter had been addressed with the staff member involved.

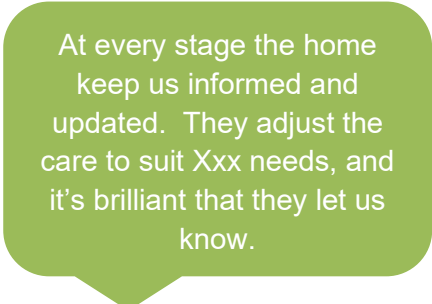
In addition to the staff handovers at shift changes, a daily 'flash' meeting occurs at L'Hermitage Care Home (a care home operated by the same provider), where care receivers from both homes are discussed. While this approach allows sharing of information, it may be more appropriate to hold a separate meeting to focus solely on care receivers at each home. This would ensure more immediate and relevant input from staff directly involved in their care and help minimise the risk of sharing information with those who do not need access to it.

Family meetings are regularly offered; however, attendance has been reported to have been limited recently. Most family members told the Regulation Officer they felt well informed about their relatives' lives and were satisfied with the home's communication. However, one family member expressed concern that they had not been informed about the outcome of a specific incident involving their relative.

When asked about communication within the home relatives said:



I get a phone call and email to tell me about things, and what they have done to help. Communication is very good.



At every stage the home keep us informed and updated. They adjust the care to suit Xxx needs, and it's brilliant that they let us know.

One health professional described the home as highly responsive to the needs of care receivers and remarked: *"I find them to be professional, reactive, timely and a caring care provider. Having witnessed interactions between staff and patients, they treat them with dignity and respect"*.

Samples of written agreements were reviewed for care receivers whose care fees are funded through the Long-Term Care Scheme as well as those paying privately.

The contracts were clear, outlining the type of care provided and the costs. Relatives confirmed they were informed about the fees and felt they had sufficient information regarding the agreements. One relative said, *"I recently signed a contract, I felt it was clear and easy to understand and explained the fees"*.

Apart from breakfast, meals are cooked in L'Hermitage Care Home and transported across to the home on a trolley. This arrangement, which has been in place since at least February 2024, does not align with the Standards or the home's Statement of Purpose (SoP) and has been highlighted in the last two inspection reports.

There has been no progress made with this catering arrangement, and regardless of whether the home is fully occupied, the available kitchen must return to full operation to ensure all meals are freshly prepared and cooked on the premises. Not only will this improve the freshness and flavour of meals compared to those transported from another care home, but it may also offer valuable sensory stimulation for care receivers. This area for improvement was discussed with the Regional Director and Registered Manager during the inspection.

During the first inspection visit, the regulation officers observed that water and glasses were unavailable in care receivers' bedrooms. When this was highlighted to staff, they explained that drinks were available in all communal areas and routinely offered them to care receivers. The regulation officers discussed the potential impact of dementia, commenting that some care receivers may struggle to articulate their needs clearly, or may be unable to recognise or express when they are thirsty. In response, staff were receptive to the feedback and placed water jugs and glasses in each bedroom.

The Regional Director explained that hydration stations were to be introduced, offering a variety of hydrating drinks. It is also intended to provide easily accessible snacks to promote spontaneous, regular eating and to encourage greater independence.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Five relatives provided positive feedback about the care and support provided by the home. They told the regulation officers:

My [relative] has been so well looked after, the staff are fantastic and do such a good job. The staff show patience and encouragement.

I love Beaumont Villa because it feels so homely and like one big family. I have visited a lot of care homes and Beaumont Villa is the most like home.

It's a welcoming, caring, safe environment with a home from home atmosphere. We're always greeted with smiles, and the carers are so welcoming.

The care is excellent, and the staff are lovely. I see that they keep [name] well presented and tidy.

[Name] smiles constantly and clearly loves the carers. They've coped with the various stages of dementia, and Xxx is happy there.

Gaining direct feedback from care receivers in the home was difficult due to their dementia. However, during both unannounced inspection visits, the regulation officers observed a warm and calming atmosphere throughout the home. On the first day, care receivers were seen participating in activities, and the doors leading to the outdoor areas were all open, allowing fresh air to flow through the home. Care receivers appeared well cared for and well-groomed and seemed relaxed and at ease in their surroundings. Some care receivers walked around the home independently, while others received appropriate support from care staff.

Relatives and health professionals who provided feedback commented positively about the committed staff team in delivering care to care receivers. They praised their efforts in terms of maintaining dignity, personal grooming and appropriate clothing choices.

The attention to detail in these aspects of daily living reflects the staff's compassion and desire to provide a good level of care. One health professional stated *"I am very impressed with the individual care and attention to detail which is offered to the residents. They are always very well dressed, with care being taken to make sure their clothing all matches with accompanying accessories where appropriate. I enjoy going to Beaumont Villa – it is a happy place; I feel the staff are relaxed and helpful and very good at caring for their residents"*.

Samples of care plans, risk assessments and daily records were reviewed and found to contain detailed information regarding care needs, preferences, and required support interventions. The plans were individualised and tailored to address specific needs and risks. It was clear that they are reviewed regularly and updated with relevant information. All entries were recorded with the date, time and name of staff member responsible, ensuring full audit accountability. Care planning arrangements were regarded as a particular strength of the home.

During the inspection visits, care receivers were observed participating in various activities within the home. Photographs on display also indicated that activities are organised outside the home within the community. Family members were complimentary regarding the quality and range of activities provided indoors; however, some expressed that they felt greater efforts could be made to provide outings beyond visits to L'Hermitage Care Home.

A walk through the home suggested a limited presence of memorabilia or other dementia supportive tools. This will be further discussed under the 'Environment' heading.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The Registered Manager is primarily based at L'Hermitage Care Home and divides their working week between both homes. Since the last inspection, a new Community Care Manager has been appointed. Their role is equally divided between working as a senior carer and carrying out delegated managerial duties, including staff supervision.

The Registered and Community Care Manager confirmed that they feel supported by their management team, as described by most other care staff. All staff said they loved their work, expressing genuine passion and a strong commitment to providing the best care for care receivers. Six out of eight staff members reported feeling well supported in their roles, while two expressed the opposite, stating they wouldn't feel able to raise concerns or challenge poor practice.

The Community Care Manager is responsible for supervising care staff, and the records show that supervision standards are being met. For recently recruited staff, the records showed more frequent supervision discussions during their early employment stages. Appraisal records were also reviewed.

Senior care staff hold a Level 3 Diploma in Health and Social Care, and four care staff have either a Level 2 or Level 3 qualification. Three staff are currently undertaking Level 2 and Level 3 training, and plans are in place for additional staff to begin studying in September 2025. While the Standards require 50% of the care staff team on duty at any one time to have a Level 2 qualification as a minimum, it is encouraging to see ongoing progress towards meeting this Standard.

The full staff training records were not examined in detail during this inspection. However, a review of records showed that the requirement from the previous inspection regarding infection prevention training has been met. This training is delivered through eLearning and covers key topics such as infection types, modes of transmission and measures for reducing risks.

Care staff were asked whether they had received sufficient training in dementia awareness, and responses were mixed. Some staff reported that additional training in this area would be beneficial. The provider delivers the training programme through face-to-face sessions.

The Regional Director maintains close oversight of the home and visits Jersey regularly as part of the provider's governance arrangements. They were present during the inspection period, including on the last inspection day. Since assuming responsibility for the home, the Regional Director has proactively engaged with the Commission to seek clarity on regulatory matters, which is viewed positively.

Since the last inspection, the family of one care receiver expressed dissatisfaction with their care episode, which also involved the safeguarding process. No other complaints have been raised that required activating the provider's complaints procedure.

Since the last inspection, two safeguarding concerns have been raised and were managed through the Adult Safeguarding process. The family of one care receiver involved in one of the referrals described to the regulation officers that, although they were informed of the incident at the time, they would have appreciated more detailed information regarding the outcome and the protection plan put in place. The home has appropriately notified the Commission of incidents as they have occurred.

How friendly is the environment to support people living with dementia?

The environment will enhance care receivers' lives, and its design will include any necessary adaptations to meet the needs of people.

The previous inspection highlighted the need to improve both the internal and external environments to better meet the needs of care receivers with varying dementia-related needs. The provider also completed their own King's Fund audit, which identified areas that could be improved and confirmed that information had been sought from Dementia Jersey to inform improvements to the internal environment. It was encouraging to see that the external garden areas have been significantly enhanced since the last inspection, with relatives offering positive feedback on the pleasant and welcoming outdoor spaces.

The provider's King's Fund audit, completed before the response to the last inspection in October 2024, identified that simple environmental adjustments could be made to promote meaningful and purposeful activity, promote wellbeing, encourage eating and drinking, promote continence and personal hygiene and aid orientation. Whilst walking through the home with the Registered Manager, regulation officers observed that the environment offered limited opportunities for independent visual interest or stimulation for care receivers.

Some bedrooms were being freshened with new coats of paint in neutral tones, and replacement curtains had been ordered. During a walk-through of the home, regulation officers reviewed the communal areas and a sample of bedrooms. It was noted that some areas of the home were poorly maintained, showing visible signs of wear and tear, along with fixtures requiring repair or replacement. This included;

- The communal bathrooms were observed to be used for storage, and not available for use should someone wish to have a bath.
- The flooring in both communal bathrooms was ill fitting and lifting in places.
- The assisted bath chair in the bathroom on Buttercup unit was out of service, and the bath panel was split.
- The toilet seat in Buttercup communal bathroom was broken, with signs of damp on the window lintel and flaking paintwork.

- The paintwork on the garden bench in Buttercup corridor was damaged.
- The paintwork around the splash back area in the sluice room was flaking, and the macerator was damaged.
- Gloves were not available in the sluice, and toilet roll holders were missing in the communal bathrooms.

Maintaining the home in good decorative order, and a good state of repair, tailored to provide a consistently comfortable, dignified and adapted home for care receivers living with dementia remains an area for improvement.

IMPROVEMENT PLAN

There were five areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 Ref: Standard 3.9 Regulation 17 (4)(a) To be completed: by 4 September 2025	The Provider must ensure that care workers do not exceed working more than 48 hours per week, except in exceptional circumstances. Response by the Registered Provider: Rotas are planned to reflect at least minimum ratios set out in the care home standards. In addition to planned numbers which are recorded in the electronic HR system, the weekly rota is reviewed by the Registered Manager, and recorded to detail actual numbers provided. These are also monitored by Regional Director and Senior Leadership colleagues through a weekly reporting system, and any variances scrutinised. Any situation of sudden illness which requires staff to cover a shift and potentially go over 48 hours per week is monitored and recorded There is an ongoing recruitment campaign to fill current vacancies and in addition to the existing, permanent staff team, There currently remains a 42 hour vacancy for a senior carer and 42 hours carer. Beaumont Villa continues uses long term agency colleagues to provide consistency of care and support whilst recruitment is ongoing.
--	---

Area for Improvement 2	The Provider must arrange for medicines to be managed in compliance with legislative requirements, professional standards and best practice guidelines.
Ref: Standard 6.7 Appendix 9 Regulation 14 (1) To be completed: by 4 August 2025	Response by the Registered Provider: A full review medication administration was completed by 2 July 2025 and amendments to the daily checking of drugs and documentation implemented. New CD books replaced and implemented from 1 June 2025. This included simplifying content and clarifying type of medication, strength and preparation. Although Beaumont Villa currently have no stored controlled medication, a check is still carried out nightly and weekly. Medication report shared with staff on 14.7.25 and discussed at team meeting on 16.7.25 All sharps bins now stored in the treatment room and not in the medication trolley. Medication fridge moved 2.7.25 to cooler secure area ensuring correct temperature limits. Air Conditioning unit placed in treatment room 2.7.25 to maintain correct temperature ranges. New labels were purchased 5.7.25 for all bottles to indicate open and expiry dates clearly. Guidance on transcribing is now present in the MAR folder and had been shared on 15.5.25 after inspection at sister home identified the issue, and best practice guidelines shared with staff on 15.5.25.

	The Medication Policy was reviewed to include reference to specified CD guidance for Jersey and this included pharmacy input. The new policy was shared with the inspector on 19 June 2025.
--	---

Area for Improvement 3 Ref: Standard 8 Regulation 5 (2), 13 To be completed: by 4 September 2025	The Provider must ensure that the kitchen in the home is used to prepare and cook all foods and meals.
	Response by the Registered Provider: An initial review of the kitchen highlighted there is the capability of providing meals from the kitchen safely, and there is already provision of cooked breakfasts and some of the evening meal and lunch choices. The Head Chef has reviewed the rota and deployment of kitchen colleagues to enable a presence in Beaumont Villa provided. We are also reviewing additional enhancement of the oven facilities but this is a medium term project requiring electric works as well as the purchase of a new oven. Notwithstanding there will be a full presence by catering staff for all mealtimes from w/c 22 September. This is to take account of a new Kitchen Assistant (KA) being inducted (started on 25 August) and the return from long term sick of another KA. The chefs and catering colleagues will continue to work across both sites but this will be on a planned rota basis. We will continue to use the L'Hermitage kitchen as a main site for the purposes of large scale events and/or training purposes.

Area for Improvement 4	All new staff should receive a structured induction in line with the organisation's induction programme, and Standards.
Ref: Standard 3.10 Regulation 17 To be completed: by 4 September 2025	Response by the Registered Provider: There is a Supervision & Induction matrix in place and this is now broken down into nursing, care and ancillary colleagues for ease of reference and monitoring. The new matrix also more clearly identifies how many colleagues will have a one to one session over each quarter and specifies when appraisals & supervisions are due, and weekly/monthly supervisions during induction phase.

Area for Improvement 5	The provider must make necessary adaptations to the home to suit the needs of care receivers living with dementia and maintain it in a good state of repair.
Ref: Standard 7 Regulation 18 To be completed: by 4 December 2025	Response by the Registered Provider: Recent lighting has been improved in all resident bedrooms and alternatives to the bathrooms lighting is being reviewed. The summer garden overlooking the lounges is now in place and will self seed requiring minimal maintenance. A refurbishment programme is in place and 2 bedrooms have already been painted with new furniture in place.

	Additional dementia related signage and accessories are being reviewed in line with the dementia strategy action plan.
--	--

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je